



CITY OF SAN ANTONIO
OFFICE OF CULTURAL AFFAIRS

Neighborhood Arts Program - Review Committee Nomination Form

Nominee:

Name _____
Organization _____
Address _____
City, State, Zip _____
Home Phone _____
Business Phone _____
FAX _____
e-mail _____

I understand my appointment will require orientation training, time to review the applications and one full day for the public review.

Signature: _____

Date: _____

Nominated By: (optional)

Name _____
Organization _____
Address _____
City, State, Zip _____
Home Phone _____
Business Phone _____
FAX _____
e-mail _____

I have spoken with the nominee who has consented to serve and attend the orientation, make time to review the applications and one full day for the public review.

Signature: _____

Date: _____

Please fill in the following information to assist us in our efforts to ensure the best possible representative balance on our review panels.

Nominee is:

1. Artist ☐ Arts Administrator ☐ Art Instructor ☐ Art Patron ☐ Community Representative ☐
2. Ethnic/Cultural Background _____ Gender _____ City Council District _____

Nominee Qualifications: *(required or attach résumé) Additional sheets may be added.*

In the space below, describe why the nominee would be a good review panel member in the categories selected. Please type or print clearly. Hard to read or insufficient information may disqualify nominee.

Please return to: City of San Antonio Office of Cultural Affairs, PO Box 839966,
San Antonio, TX 78283-3966, Attention: Ernest Rubio;
by FAX to 228.0263 or e-mail: ernestor@sanantonio.gov